



***"Boards are established to protect the people of California."
Section 101.6, B&P Code***

_____ **Health:**

Your attending physician must complete and sign the appropriate information requested in the space below by documenting the illness or disability that prevents you from completing the requirements. Use additional paper if needed.

Describe Illness/Disability: _____

Diagnosis and estimated length of disability: _____

Name of attending physician (print)

License Number

(_____) _____

Phone Number

Address

Signature of Attending Physician/Date

_____ **Military Service:**

When requesting a waiver due to military service, verification of service must be attached.

_____ **Undue Hardship:**

Explain and attach verifying documentation as appropriate.

-CERTIFICATION-

“I declare under penalty of perjury under the laws of the State of California that the foregoing information contained in this application and my attachments are true and correct to the best of my knowledge.”

SIGNATURE

DATE